CMSP Implementation Questions

APPLICATION PROCESS QUESTIONS

1. QUESTION: At the end of a beneficiary's three month eligibility period, must he/she reapply?

   ANSWER: Yes. The beneficiary must complete the CMSP application, which includes the CA1, CMSP 216, CMSP 217, MC 210, CMSP 210, and the CMSP 1153.

   NOTE: The Small County Advisory Council may elect to establish a longer eligibility period in the future.

2. QUESTION: For January month of eligibility only, a mini-application packet is required which includes the CMSP 216, CMSP 217, CMSP 210 application and the CMSP 176s. What action should the county take if the forms are returned by January 31, 1983, but are incomplete?

   ANSWER: The county should require the completion of the forms and should not return the CMSP card to CID. Upon receipt of a completed packet, the beneficiary may be given the CMSP card.

3. QUESTION: By what date should the packets be returned for a person to be eligible in January?

   ANSWER: As these forms represent an application, they must be returned by January 31, 1983.

4 QUESTION: The status report (CMSP 176s should reflect which month?

   ANSWER: The CMSP 176s sent out in the packet for January eligibility should reflect the month of December. Status reports required for February eligibility should reflect the month of January and should correspond with Medi-Cal status report procedures.

5. QUESTION: If the status of an individual changes from Medi-Cal to CMSP or vice versa, is there an internal transfer possibility or do we have a discontinuance and new application procedure?

   ANSWER: If a CMSP eligible beneficiary becomes eligible for Medi-Cal, a discontinuance notice must be sent, and a CA1, MC 216, MC 217 and the last page of the MC 210 must be signed. If a Medi-Cal eligible beneficiary becomes eligible for CMSP, a discontinuance notice must be sent, and a CMSP 216, CMSP 217 and the CMSP 210 must be signed. A new MC 210 is not necessary in either program change provided that circumstances have not changed. The same applies for mixed CMSP/Medi-Cal households.

   NOTE: This question was researched at the request of counties attending the training sessions. Because CMSP and Medi-Cal are separate programs, a discontinuance notice must be sent under each program.

6. QUESTION: What does a beneficiary sign to apply initially for aid? still the CA1 form?

   ANSWER: Yes, continue to use the CA1 form for initial application. After the beneficiary is determined to be CMSP eligible, indicate such on the form by checking the "other" box and handwriting "CMSP".

7 QUESTION: If a client applies for CMSP and is potentially disabled, kind of application is taken?

   ANSWER: A CMSP Code 88 or 89 application is taken simultaneously with a MN application. The pending code for the MN application would be 64 or 67. For Federal audit purposes, two separate cases must be established. Medi-Cal forms may be xeroxed and stamped CMSP for the CMSP case file.

8. QUESTION: Would a CMSP application be taken on a married couple under 21 years of age with minor children?

   ANSWER: No! The above cited family members would all be considered medically indigent children; therefore Medi-Cal applications should be taken.

9. QUESTION: Can a CMSP eligible apply for retroactive coverage for the month of December 1982?

   ANSWER: No! Additionally, there is no Medi-Cal retroactive coverage for December 1982. However, after January 1983, CMSP can be retroactive for one month.

10. QUESTION: Which form is the official CMSP application?

   The CA1 established the date of application. In addition, the MC 210, CMSP 210, CMSP 216, CMSP 217, and CMSP 1153 are forms required for each determination of eligibility.

11. QUESTION: What are the requirements regarding the CMSP 176s?

   ANSWER: Completion and return of the CMSP 176s is required on a monthly basis for continuing eligibility. However, as this program is for three months only, a maximum of two CMSP 176s will be issued during any period of CMSP eligibility. In certain cases, only one will be issued. A MC 176s may substitute for the CMSP 176s in mixed cases.

12. QUESTION: Does the entire application packet have to be issued at the initial application contact?

   ANSWER: No! You may elect to adopt the following procedure: 1) Have the client sign CA1 and complete CMSP 1153. 2) Have the client take MC 210 and CMSP 210 home for completion. 3) At the initial interview, complete CMSP 216 and CMSP 217 and issue CMSP 176s.

13. QUESTION If we have an 88 or 89 who is later determined to be disabled, do we approve for Medi-Cal back to the date of application?

   ANSWER: Yes. A method of reimbursing CMSP for services provided to Federally-linked persons will be established by the Office of County Health Services and Local Public Health Assistance.

ELIGIBILITY AND BENEFITS QUESTIONS

1. QUESTION: If the maintenance need for Medi-Cal changes, will it change for CMSP too?

   ANSWER: Yes. Minor vs. Myers increased the Medi-Cal maintenance need level back to 133% of the AFDC payment level, CMSP adjustments will correspond.

2. QUESTION: Counties have received an all-county call from Medi-Cal informing them that the maintenance need level has changed with an effective date. Will CMSP have the same effective date?

   ANSWER: Yes! CMSP is affected by Medi-Cal maintenance need level changes.

3. QUESTION: Is ambulance transportation covered by Medi-Cal if a SNF/ICF patient is going to an acute care facility?

   ANSWER: Yes, ambulance transportation wil be covered by Medi-Cal both to and from an acute care facility.

4 QUESTION: Section 0553.2(b)(B)(2) states a maximum of $159 for dependent care, while Medi-Cal allows $100. Is this an error? **PLEASE NOTE CORRECTION:** AFDC allows $159 for child care, Medi-Cal has not conformed with that change and continues to allow only $100.

   ANSWER: Yes. Section 0553.2(b)(B)(2) should read $100. A CMSP Manual Letter will make that revision.

5. QUESTION: Section 50542 of the Medi-Cal Manual states:
   "(b) Earned income not exceeding $30 per calendar quarter shall be exempt if either of the following conditions are met:

   (1) The income is received not more than twice per quarter
   (2) the income cannot be reasonably anticipated".

   However, Section 0542 of the CMSP Manual states:
   "(b) Earned income not exceeding $30 per calendar quarter shall be exempt". Is this an error?

   ANSWER: No. It is not an error. The CMSP regulation is more liberal in this instance.

6. QUESTION: CMSP allows for transportation to and from school as an educational expense. Is this an error?

   ANSWER: No. It is not an error. The CMSP regulation allows for transportation to and from school.

7. QUESTION: How is the income of a Title II Disregard Person treated in the CFBU?

   ANSWER: In accordance with Sections 0564 and 0660, the net non-exempt income is considered when determining the SOC of the CFBU. Because he/she is receiving a zero SOC Medi-Cal card, health care costs cannot be used. The treatment of the income of the Title II Disregard Person is the same as in Medi-Cal.

FORMS, NOTICES, CODES, AND DATA REPORTING QUESTIONS

1. QUESTION: If beneficiaries are eligible for three months of CMSP and at the end of that three months must reapply, can counties say, at the time of application, that discontinuance will occur at the end of the three months?

   ANSWER: Yes. At the time a county approves CMSP benefits, they may also indicate on the approval notice of action that eligibility will terminate at the end of three months, and at that time the beneficiary may reapply. Because of the monthly status report requirement, an unreturned status report or a change in circumstances may necessitate an earlier discontinuance.

2 QUESTION: Because some counties require the use of pinfed forms, can the MC 176s and the MC 177s be substituted for the CMSP 176s and the CMSP 177s?

   ANSWER: The MC 176s may be used in place of the CMSP 176s as long as the form clearly indicates CMSP rather than Medi-Cal. A sentence such as "All references to Medi-Cal mean CMSP" would be appropriate.

   The same is not true for the CMSP 177s. This form requires a signature from a provider and states that a provider may bill CMSP for the costs of CMSP covered services. Since CMSP provider rates are 15% lower than those paid by Medi-Cal, the CMSP 177s must be used.

3. QUESTION: Some county systems use 00 as the aid code for ineligible members. Can this continue to be used?

   ANSWER: As long as these persons are not reported to CID, the 00 aid code can be used. It is currently rejected as an invalid aid code.

4. QUESTION: The CMSP card has a space for a "check digit". Do counties place it there?

   ANSWER: No, the CID system places the check digit on the CMSP card.

5. QUESTION: Several counties raised concerns about the continued use of eligibility data reporting forms such as the MC 187. Should these forms be used for CMSP?

   ANSWER: CMSP eligibility data should continue to be reported to CID in the same manner as Medi-Cal eligibility data. Internal management of CMSP is a county decision, therefore, the continued use of county forms is dependent upon county department requirements.

6. QUESTION: The CMSP Form 239C (Notice of Action) is titled <u>increase</u> in share of cost. Is this the only share of cost form? If so, what does the county do when there is a <u>decrease</u> in share of cost?

ANSWER: Yes, this is the only form. Form 239C is being revised. Until you are notified of changes, please cross out increase and write in decrease as needed.

FAIR HEARING QUESTIONS

1. QUESTION: Can a December Medi-Cal eligible MIA beneficiary apply for a fair hearing and receive aid-paid pending after December 31, 1982?

   ANSWER: No! It is too late to apply for a aid-paid pending for December eligibles. However, a beneficiary may still apply for a fair hearing within 90 days of a discontinuance.

2. QUESTION: What happens in a mixed case where there is a change of circumstances that results in requests for a fair hearing, e.g., increase in share of cost, both county and Medi-Cal eligibles request fair hearings, and findings differ between county and State?

   ANSWER: The State Chief Referee has informed DHS that county decisions will not influence decisions rendered by his office. In order to avoid different shares of cost within a mixed case, it is recommended that counties delay their decisions until the state hearing and finding is made, then adopt the state finding.

SPECIAL SITUATIONS

1. QUESTION: Can you give some mixed case load examples?

   ANSWER: 1. MI mother, father, 16 year old child.

   Mother and father are CMSP eligibles, the child is an ineligible member of the CFBU.

   Therefore, the parents' income and the child's income are used to determine the SOC, and all family members can meet health care costs.

   The child is Medi-Cal eligible.

   2. MI mother, father, 18 year old child with property and income.

   Mother and father are CMSP eligibles, the child is an excluded member of the CFBU.

   Therefore, the parents' income is used to determine the SOC, and only the parents can meet the health care costs.

   If the child applies for Medi-Cal, he/she will become an ineligible member of the CFBU, and his/her income and property must be considered.

3. MI mother and child

Mother and child are deprived and, therefore, eligible for Medi-Cal.

4 MI mother, unmarried spouse, mutual child.

Since parents are not married, they are not legally responsible for each other. Therefore, each parent is in his/her own CFBU.

CFBU #1: Mother, the child is an ineligible member. Mother's income is used to determine the SOC. Both mother's and child's health care costs can be used.

CFBU #2: Father, the child is an ineligible member. Father's income is used to determine the SOC. Both father's and child's health care costs can be used.

The child is in his/her own MFBU.

5 Mother, mutual child, unmarried spouse, separate child of father.

Because separate child is deprived, father is linked to Medi-Cal.

CFBU: Mother. Ineligible members include mutual child, father and separate child.

Because mother's income is used in determining the SOC of the MFBU, health care costs of the entire family may be used to meet the SOC of the CFBU.

2. QUESTION: A family unit could contain three FBU's. Must they all be in separate cases?

ANSWER: The county may separate or combine the cases in one or more folders.

3. QUESTION: How is the share of cost reported on the CMSP 177s for mixed cases?

ANSWER: A CMSP 177s would be issued for the CFBU with ineligibility listed, and a MC 177s would be issued for the MFBU with ineligibles listed. Each form should list the cost of care of family members of both budget units. Original signatures of the providers are required on both forms. Therefore, if a family

member in the MFBU is seen by a provider, the family must have the provider sign both 177s' so that the expenditure can be reflected on both forms.

4. QUESTION: The Medi-Cal Manual lists a number of exceptions in defining an adult. This is not so in the CMSP Manual. Is this an error?

   ANSWER: No! There are no exceptions to the CMSP definition as written. Adult status becomes effective the month after the month in which the person turns 21.

5. QUESTION: If an 88 or 89 code is terminated from Medi-Cal in December 1982 but continues to be possibly MN linked due to a disability, should a new Medi-Cal pending application be taken along with the CMSP application in January 1983?

   ANSWER: No. The initial date of application is the date the original CA1 was signed.

6. QUESTION: Can monthly CMSP cards be issued to SNF/ICF patients who are currently residing in a facility rather than applying at the onset of hospitalization?

   ANSWER: No! Applications must be taken at the time of hospitalization. However, a SNF/ICF patient may actually have a CMSP and a Medi-Cal card during the same month due to an acute medical episode requiring hospitalization. This exception should not be confused with the required process of applying for a CMSP card at the time of hospitalization only. Counties may elect to arrange with facilities to have on hand partially completed CMSP applications to facilitate receipt of CMSP cards upon hospitalization of a Medi-Cal SNF/ICF patient.